

License # \_\_\_\_\_  
Eff. Date \_\_\_\_\_  
Powers \_\_\_\_\_

**PART I** -- COMPLETED BY THE APPLICANT

1. FULL LEGAL NAME:		
FIRST	MIDDLE	LAST

2. SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**3. RESIDENCE ADDRESS:** \_\_\_\_\_ TELEPHONE # \_\_\_\_\_  
PO Box/Street, City, State, ZIP

4. VEHICLE RENTAL COMPANY NAME: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

5. VEHICLE RENTAL COMPANY LOCATION: \_\_\_\_\_  
Street, City, State, ZIP

6. Are you currently licensed as a resident agent in West Virginia or any other State? 6.    YES    NO  
If YES: License # \_\_\_\_\_ Date Issued \_\_\_\_\_

7. Have you ever been previously licensed as a resident agent in West Virginia or any other State? 7. ☐ YES ☐ NO  
If YES: State(s) of \_\_\_\_\_ License # \_\_\_\_\_ Date Issued \_\_\_\_\_

8. Do you understand that residence address changes MUST be reported to this office within thirty (30) days? 8. YES NO

9. Have you ever been penalized or fined, had a license denied, refused, suspended or revoked by this Department or the Insurance Department of any other State? 9.     YES     NO

10. Have you ever been indicted for, or convicted of, a felony or misdemeanor (exclude traffic violations)? 10.   YES     NO  

**"YES" responses to Questions 9 AND 10 must be explained by furnishing, IN WRITING, a signed, notarized statement, outlining IN DETAIL the complete facts of the matter. The statement must include ALL incidents and the dates, names, and nature of each offense; the name and locality of the court(s), if any, involved; the disposition of each matter; and, a CERTIFIED COPY of any legal record concerning each offense.**

11. Do you have a child support obligation?  
 A. If YES, does the arrearage (amount owed) equal or exceed the amount of child support payable for six months? 11.    YES    NO  
 11A.    YES    NO

12. Are you the subject of a child-support related subpoena or warrant? 12.    YES    NO

I HEREBY CERTIFY, UNDER PENALTY OF FALSE SWEARING, THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER UNDERSTAND THAT MAKING FALSE STATEMENTS ON THIS APPLICATION MAY RESULT IN DISCIPLINARY ACTION INCLUDING, BUT NOT LIMITED TO, REVOCATION OR SUSPENSION OF THE LICENSE FOR WHICH I AM MAKING APPLICATION.

As the limited licensee, I understand that I shall directly supervise and be responsible for the actions of all other employees at the location named above as relates to the sale of vehicle rental coverage insurance. I further understand that I shall not advertise, represent, or otherwise hold myself or any other employees out as licensed insurers, insurance agents or insurance brokers.

**13. APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

14. State \_\_\_\_\_, County of \_\_\_\_\_

The applicant, whose name appears signed to the writing above, **after first being duly sworn by me**, says that the above statements are true to the best of his/her knowledge and belief.

Taken, sworn to and subscribed before me this \_\_\_\_\_ day \_\_\_\_\_, \_\_\_\_\_ SEAL  
Month Year

Notary Public:\_\_\_\_\_ My Commission Expires\_\_\_\_\_

**PART II -- COMPLETED BY THE INSURANCE COMPANY** | \_\_\_\_\_ |  
Company WV I.D. # (10 digits)

15. Insurance Company Name: \_\_\_\_\_ hereby appoints

16. Agent's Full Legal Name: \_\_\_\_\_ as a **Resident Agent** for  
a Limited License for the sale of Vehicle Rental coverage.

Pursuant to WV Admin. Regulations--114-2-2.1, the company has made an investigation as to the suitability of the appointee.

Attached is \$25.00 License Fee -- Check # \_\_\_\_\_ Dated \_\_\_\_\_

17. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Appointing Official Signature Date Phone Number

# WVCAR

## **WEST VIRGINIA INSURANCE COMMISSIONER**

Application for Limited License to Sell Automobile Rental Coverage

### **Instructions**

#### **PART I -- RESIDENT APPLICANT'S INSTRUCTIONS:**

1. Only legal residents of West Virginia may apply for a Resident Agent's license.
2. To be used by Residents applying for a first-time license or amendment to an existing license.
3. Complete and sign Part I of the application before a Notary who must notarize your signature.
4. Attach documentation, as required, if response is "YES" to Questions 10, 11, and/or 12.
5. Address changes must be reported to Agents Licensing & Education with thirty (30) days.

#### **PART II -- INSURANCE COMPANY INSTRUCTIONS:**

1. Complete Part II and sign by Appointing Official.
2. Incomplete and/or incorrect applications will be returned to the company for completion/correction.
3. The completed application must be accompanied by:
  - a. Documentation of responses to Questions 10, 11, and/or 12.
  - b. License Fee: \$25.00 Company check made payable to **WEST VIRGINIA INSURANCE COMMISSIONER.**
  - c. Self-addressed return envelope (Acknowledgment will not be mailed unless envelope is provided).

Send the completed application, license fee, and all required attachments to:

WEST VIRGINIA INSURANCE COMMISSIONER  
Agents Licensing & Education  
PO Box 50541  
Charleston, WV 25305-0541  
Telephone (304) 348-0610

Overnight Mail Address: 1124 Smith St., Charleston WV 25301

**FORM MAY BE PHOTOCOPIED USING WHITE PAPER**

COPY MUST BE LEGIBLE